Required Reporting/Performance Measures: Appendix A

1. Measurement period will be a fixed 6 month period. In order to be included in the report, participants must have had at least one office visit for the chronic condition during the measurement period. Health management teams are required to submit the following reports within the designated fixed 6 month period: [First of following month in which program is initiated] through [last day within the 6th month period i.e. [January 1, 2012 through June 30, 2012].

Health Management Team must select from the following for the 6th Month Reporting Requirements:

- Report on one Asthma Performance Measure (numerators)
- Report on one Diabetes Performance Measure (numerators)
- Report on one CHF Performance Measure (numerators)
- Report on one COPD Performance Measure (numerators)

2. Quarterly measurements: report on Grievances in relation to the health management program through the submission of a grievance log. This will be submitted to the Department on a Quarterly basis.

3. Measurement period will be a fixed 12 month period. In order to be included in the report, participants must have had at least one office visit for the chronic condition during the measurement period. Health Management team must document the data types utilized to identify the measures (claims, registry, health records, or participant self-reported information).

Fixed 12 month period: [first of the following month in which program is initiated] through [last day within 12 months period] i.e. [January 1, 2012 through December 31, 2012].

All reports for each disease process facilities are providing Medicaid Health Management services must be submitted. Facilities need not provide services for all four conditions.

See Appendix B (reporting format) for the defined ICD-9 diagnosis codes per disease criteria. These codes may be used in any position, not just primary.

| Measure | Measure Number | Asthma<br>Adult and Pediatric | Notes, Resources, Endorsing Organizations |
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| Denominator | | • Participants enrolled in the ND Health Management program.<br>• Seen (face to face) by a licensed provider one or more times within the measurement period.<br>• Diagnosed with one or more of the following Asthma ICD-9 Codes (codes may be used in any position, not just primary):<br>Extrinsic asthma 493.00, 493.01, 493.02<br>Intrinsic asthma 493.10, 493.11, 493.12<br>Other forms of asthma 493.81, 493.82<br>Asthma, unspecified 493.90, 493.91, 493.92 | |
| Measurement Period | | Measurement period will be a fixed 12 month period. This will be dependent upon health team's entrance into the ND Medicaid Health Management program. Health Management Teams will be requested to submit data to ND Medicaid. | |
| Performance Measure/Numerator | Asthma 1 | Percent of Asthma patients who have been educated about their asthma to include self-management of the condition and have received a written asthma action plan which includes the following information:<br>a. Plan contains information on medication doses and purposes of these medications.<br>b. Plan contains information on how to recognize and what to do during an exacerbation.<br>c. Plan contains information on the patient's triggers.<br>d. Plan must have been created, reviewed or revised within the measurement period. | CDC, NHLBI |
| | Asthma 2 | Participant reports or EHR indicates having a value of $\geq$ 1 for the following specification:<br>• Number of emergency department or urgent care clinic visits not resulting in a hospitalization due to asthma within the measurement period. | |
| | Asthma 3 | Percentage of participants (or their primary care-giver) with a diagnosis of asthma who were identified as current smokers or tobacco users (patients who use tobacco or who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who were seen by a practitioner at least once during the measurement period and received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. Information must be documented within care plan or medical record. | NCQA, NQF |
| | Asthma 4 | Percent of participants who were either counseled and offered or received Influenza vaccine during the measurement period. Information must be documented within care plan or medical record. | CDC |
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| Measure | Measure Number | Diabetes Type I or Type II | Notes, Resources, Endorsing Organizations |
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| Denominator | | • Participants enrolled in the ND Health Management program.<br>• Seen (face to face) by a licensed provider one or more times *within* the measurement period.<br>• Diagnosed with one or more of the following Diabetes ICD-9 Codes (codes may be used in any position, not just primary):<br>250.00 to 253.93 | |
| Measurement Period | | Measurement period will be a fixed 12 month period. This will be dependent upon Health Teams entrance into the ND Medicaid Health Management program. Health management Teams will be requested to submit data to ND Medicaid. | |
| Performance Measure/Numerator | Diabetes 1 | Perform one or more hemoglobin A1c measurement(s) within the measurement year. Report two age stratifications ages 6 to 17, 18 – 75. | NCQA, NGF, ADA |
| | Diabetes 2 | The most recent Hemoglobin A1C within the measurement year has a value of < 8%.<br>Participants (non-pregnant) ages ≥ 18. | NCQA, ADA |
| | Diabetes 3 | The most recent blood pressure within the measurement year has both a systolic value of < 140 and diastolic value of < 90 mmHg.<br>Participants ages ≥ 18.<br>*Data indicates an optimal goal for most patients with diabetes is SBP <130 mmHg and DBP < 80 mmHG (Standards of Medical Care in Diabetes 2012). | ADA, NCQA, NQF |
| | Diabetes 4 | Percent of low-density lipoprotein (LDL) tests performed annually (within measurement period) on diabetics. Participants ages ≥ 18. | ADA, NCQA, NQF |
| | Diabetes 5 | The most recent LDL test in the measurement period has a value <100 mg/dL.<br>Participants ages ≥18. | ADA, NCQA, NQF |
| | Diabetes 6 | Percent of participants who had a Comprehensive Foot Exam completed within the measurement period.<br>* Comprehensive foot exam includes:<br>Inspection,<br>Palpation of dorsalis pedis and posterior tibial pulses,<br>Presence/absence of patellar and Achilles reflexes,<br>Determination of proprioception, vibration, and monofilament sensation.<br>Participant ages ≥ 18.<br>*(Standards of Medical Care in Diabetes 2012) | NCQA, ADA |
| | Diabetes 7 | Percent of participants who were referred for annual dilated eye exams. This includes | NCQA, ADA, NQF |

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| | | documented communication from the performing Ophthalmologist to the provider who manages the on-going care of the participant.<br>Participant ages ≥ 18. | |
| | Diabetes 8 | Percent of participants who received two of three within the measurement period:<br>• Nutritional counseling,<br>• Physical activity counseling<br>• Behavior modification | |
| | Diabetes 9 | Percent of participants who were identified as current smokers or tobacco users, who were seen by a practitioner during the measurement period and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. Information must be documented within care plan or medical record. | NCQA, NQF Measure Number 0027 |
| | Diabetes 10 | Percent of participants who were screened for Influenza vaccine and either counseled and offered or received Influenza vaccine during the measurement period. Information must be documented within care plan or medical record. | ADA, CDC |
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| Measure | | Congestive Heart Failure (CHF) | |
| Denominator | | • Participants enrolled in the ND Health Management program.<br>• Seen (face to face) by a licensed provider one or more times within the measurement period.<br>• Diagnosed with one or more of the following Heart Failure ICD-9 Codes (codes may be used in any position, not just primary):<br>428.00 to 428.43, 428.9 | |
| Measurement Period | | Measurement period will be a fixed 12 month period. This will be dependent upon Health Teams entrance into the ND Medicaid Health Management program. Health management Teams will be requested to submit data to ND Medicaid. | |
| Performance Measure/Numerator | CHF 1 | Percent of participants that received self-care education* on three or more elements of education during one or more visits within the measurement period.<br>*Self-care education may include the following: definition of heart failure (linking disease, symptoms, and treatment) and cause of patient's heart failure; recognition of escalating symptoms and concrete plan for response to particular symptoms; indications and use of each medication; modify risks for heart failure progression; specific diet recommendations; individualized low-sodium diet; recommendation for alcohol intake; specific activity/exercise recommendations; importance of treatment adherence and behavioral strategies to promote treatment adherence; importance of monitoring weight daily at home. (*Heart Failure Performance Measurement Set*, 2010 American College of Cardiology, American Heart Association and American Medical Association). | ACCF, AHA, PCPI |

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| | | Percent of participants who were identified as current smokers or tobacco users, who were seen by a practitioner during the measurement period and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. Information must be documented within care plan or medical record. | NCQA, NQF<br>ACCF, AHA, PCPI |
| | CHF 2 | Percent of participants reporting having had or have been offered Pneumococcal vaccination (*age 65 and over within 5 years of the measurement period) | CDC |
| | CHF 3 | Percent of participants who were screened for Influenza vaccine and either counseled and offered or received Influenza vaccine during the measurement period. Information must be documented within care plan or medical record. | CDC |
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| Measure | | Chronic Obstructive Pulmonary Disease (COPD) | Endorsing Organizations |
| Denominator | | • Participants enrolled in the ND Health Management program.<br>• Seen (face to face) by a licensed provider one or more visits within the measurement period.<br>• Diagnosed with one or more of the following COPD ICD-9 Codes (codes may be used in any position, not just primary):<br>491.00 to 492.8, 496 | |
| Measurement Period | | Measurement period will be a fixed 12 month period. This will be dependent upon Health Teams entrance into the ND Medicaid Health Management program. Health management Teams will be requested to submit data to ND Medicaid. | |
| Performance Measure/Numerator | | Percent of participants who completed spirometry testing to confirm diagnosis of COPD. Information may be in the form of documented communication from the performing provider to the current provider managing on-going care of the patient with COPD. | PCPI, GOLD |
| | COPD 1 | Percent of participants assessed and evaluated (symptom assessment) for COPD symptom monitoring within one or more office visits within the measurement period. | GOLD |
| | COPD 2 | Number of participants reporting having had or have been offered Pneumococcal vaccination (*age 65 and over within 5 years of the measurement period) | GOLD |
| | COPD 3 | Percent of participants who were screened for Influenza vaccine and either counseled and offered or received Influenza vaccine during the measurement period. Information must be documented within care plan or medical record. | GOLD |
| | COPD 4 | Percent of participants who were identified as current smokers or tobacco users, who were seen by a practitioner during the measurement period and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. Information must be documented within care plan or medical record. | NCQA, NQF Measure Number 0027<br>GOLD |

Grievance Log

| Date | Grievance (brief description) | Who filed – patient, family, etc | Resolution | Date of Resolution | Changes to program-quality improvement as a result of grievance |
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